		FOR OHF USE					

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2002
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2002)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0026435

Facility Name: Alden Wentworth Rehab & HCC

Address: 201 W. 69th Street (Number) Chicago (City) 60621 (Zip Code)

County: Cook

Telephone Number: (773) 487-1200 **Fax #** (773) 487-4782

IDPA ID Number: 36-2975641

Date of Initial License for Current Owners: 09/09/81

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code		X	Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll **Telephone Number:** (773) 286-3883

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2002 to 12/31/2002 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)

(Type or Print Name) Steven M. Kroll

(Title) Chief Financial Officer

Paid Preparer

(Signed) _____ (Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) ( ) Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	300	Skilled (SNF)		109,500	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	300	TOTALS		109,500	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	11,460	151	3,576	15,187	8
9	SNF/PED					9
10	ICF	45,837	148	626	46,611	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	57,297	299	4,202	61,798	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 56.44%

D. How many bed-hold days during this year were paid by Public Aid?
none (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
none

F. Does the facility maintain a daily midnight census? yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [x]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [x]

I. On what date did you start providing long term care at this location?
Date started 09/09/81

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date 09/09/81 NO [x]

K. Was the facility certified for Medicare during the reporting year?
YES [x] NO [ ] If YES, enter number of beds certified 35 and days of care provided 2,949

Medicare Intermediary Administar Federal

IV. ACCOUNTING BASIS

ACCRUAL [x] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [x] NO [ ]

Tax Year: 12/31/02 Fiscal Year: 12/31/02

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	217,888	44,082		261,970	2,006	263,976		263,976			1
2	Food Purchase		323,497		323,497	(32,103)	291,394	(18,408)	272,986			2
3	Housekeeping	199,309	37,645		236,954	564	237,518		237,518			3
4	Laundry	66,979	24,203		91,182	464	91,646		91,646			4
5	Heat and Other Utilities			245,255	245,255		245,255	(1,391)	243,864			5
6	Maintenance	63,178		123,862	187,040	20,414	207,454	17,420	224,874			6
7	Other (specify):*											7
8	**TOTAL General Services**	547,354	429,427	369,117	1,345,898	(8,655)	1,337,243	(2,378)	1,334,865			8
	B. Health Care and Programs											
9	Medical Director			22,000	22,000		22,000		22,000			9
10	Nursing and Medical Records	1,708,981	67,645	7,200	1,783,826	3,019	1,786,845	(8,100)	1,778,745			10
10a	Therapy	31,942			31,942		31,942		31,942			10a
11	Activities	78,673	4,845	2,125	85,643	62	85,705		85,705			11
12	Social Services	35,706			35,706		35,706		35,706			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	1,855,302	72,490	31,325	1,959,117	3,081	1,962,198	(8,100)	1,954,098			16
	C. General Administration											
17	Administrative	180,677			180,677		180,677		180,677			17
18	Directors Fees											18
19	Professional Services			1,094,640	1,094,640	(76,499)	1,018,141	(965,858)	52,283			19
20	Dues, Fees, Subscriptions & Promotions			56,313	56,313	(21,019)	35,294	(22,316)	12,978			20
21	Clerical & General Office Expenses	467,165	14,356	76,093	557,614	21,344	578,958	27,655	606,613			21
22	Employee Benefits & Payroll Taxes			454,118	454,118	25,663	479,781	70,998	550,779			22
23	Inservice Training & Education											23
24	Travel and Seminar			2,463	2,463		2,463	13,511	15,974			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			79,586	79,586		79,586		79,586			26
27	Other (specify):* **Bad Debt**			77,894	77,894		77,894	(77,894)				27
28	**TOTAL General Administration**	647,842	14,356	1,841,107	2,503,305	(50,511)	2,452,794	(953,904)	1,498,890			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,050,498	516,273	2,241,549	5,808,320	(56,085)	5,752,235	(964,383)	4,787,852			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Alden Wentworth Rehab & HCC #0026435 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation					74,478	74,478	172,610	247,088			30
31	Amortization of Pre-Op. & Org.							1,717	1,717			31
32	Interest			187,893	187,893		187,893	93,478	281,371			32
33	Real Estate Taxes			423,993	423,993	76,499	500,492	34,833	535,325			33
34	Rent-Facility & Grounds			936,050	936,050		936,050	(935,339)	711			34
35	Rent-Equipment & Vehicles			13,006	13,006		13,006	20,102	33,108			35
36	Other (specify):* Mortg. Insurance			94,892	94,892	(94,892)		15,208	15,208			36
37	**TOTAL Ownership**			1,655,834	1,655,834	56,085	1,711,919	(597,391)	1,114,528			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		134,963	209,364	344,327		344,327	(72,180)	272,147			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			164,250	164,250		164,250		164,250			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		134,963	373,614	508,577		508,577	(72,180)	436,397			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,050,498	651,236	4,270,997	7,972,731		7,972,731	(1,633,954)	6,338,777			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	159,105	30		9
10	Interest and Other Investment Income	(175,370)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(3,341)	32		18
19	Entertainment				19
20	Contributions	(2,050)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(77,894)	27		24
25	Fund Raising, Advertising and Promotional	(9,954)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (109,504)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(823,916)		34
35	Other- Attach Schedule	(700,534)	pg 5a	35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (1,524,450)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,633,954)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	$		38
39			x			39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS

Alden Wentworth Rehab & HCC

ID# 0026435

Report Period Beginning: 01/01/2002

Ending: 12/31/2002

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	LEGAL FEES-COLLECTIONS	$ (19,192)	21	1
2	BACK OUT IL. HEALTHCARE ASSOC PAC FEES	(1,184)	20	2
3	BACK OUT MARKETING MGT FEE	(6,321)	20	3
4	BACK OUT MARKETING CONSULTANT	(3,261)	20	4
5	BACK OUT MISCELLANEOUS INCOME	(775)	21	5
6	MORTGAGE INTEREST	220,917	32	6
7	ELIMINATE RENT EXPENSE	(936,050)	34	7
8	MORTGAGE INSURANCE PREMIUM	15,208	36	8
9	Record add'l def maint exp to correct amt.	7,155	6	9
10	Adj deprec exp to match the detail	202	30	10
11	back out interest on late payments to idpa	(2,097)	32	11
12	back out utility late fee	(5,260)	5	12
13	Real estate tax adj per pg 10 (see instructs pg 29)	30,124	33	13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(700,534)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	(18,408)	0	0	0	0	0	0	0	(18,408)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(5,260)	0	3,869	0	0	0	0	0	0	0	0	(1,391)	5
6	Maintenance	7,155	0	10,308	0	0	0	(43)	0	0	0	0	17,420	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	1,896	0	14,177	(18,408)	0	0	(43)	0	0	0	0	(2,378)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	(7,663)	(437)	0	0	0	0	0	0	(8,100)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	(7,663)	(437)	0	0	0	0	0	0	(8,100)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	(965,858)	0	0	0	0	0	0	0	0	(965,858)	19
20	Fees, Subscriptions & Promotions	(22,770)	0	454	0	0	0	0	0	0	0	0	(22,316)	20
21	Clerical & General Office Expenses	(19,967)	0	28,184	15,942	3,496	0	0	0	0	0	0	27,655	21
22	Employee Benefits & Payroll Taxes	0	0	70,442	0	556	0	0	0	0	0	0	70,998	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	13,511	0	0	0	0	0	0	0	0	13,511	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(77,894)	0	0	0	0	0	0	0	0	0	0	(77,894)	27
28	**TOTAL General Administration**	(120,631)	0	(853,267)	15,942	4,052	0	0	0	0	0	0	(953,904)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(118,736)	0	(839,090)	(10,129)	3,615	0	(43)	0	0	0	0	(964,383)	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number Alden Wentworth Rehab & HCC **#** 0026435 **Report Period Beginning:** 01/01/2002 **Ending:** 12/31/2002

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	159,307	0	12,564	0	739	0	0	0	0	0	0	172,610	30
31	Amortization of Pre-Op. & Org.	0	0	1,691	0	0	26	0	0	0	0	0	1,717	31
32	Interest	40,109	0	52,753	0	582	34	0	0	0	0	0	93,478	32
33	Real Estate Taxes	30,124	0	4,529	0	180	0	0	0	0	0	0	34,833	33
34	Rent-Facility & Grounds	(936,050)	0	711	0	0	0	0	0	0	0	0	(935,339)	34
35	Rent-Equipment & Vehicles	0	0	20,102	0	0	0	0	0	0	0	0	20,102	35
36	Other (specify):*	15,208	0	0	0	0	0	0	0	0	0	0	15,208	36
37	**TOTAL Ownership**	(691,302)	0	92,350	0	1,501	60	0	0	0	0	0	(597,391)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(9,909)	(22,947)	(39,324)	0	0	0	0	0	(72,180)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	(9,909)	(22,947)	(39,324)	0	0	0	0	0	(72,180)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(810,038)	0	(746,740)	(20,038)	(17,831)	(39,264)	(43)	0	0	0	0	(1,633,954)	45

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	employee benefits	$	Alden Management Services		$ 70,442	$ 70,442	15
16	V	19	profess. Fees	978,300	Alden Management Services		12,442	(965,858)	16
17	V	21	g & a		Alden Management Services		28,184	28,184	17
18	V	5	utilities		Alden Management Services		3,869	3,869	18
19	V	6	maintenance		Alden Management Services		10,308	10,308	19
20	V	24	auto/travel		Alden Management Services		13,511	13,511	20
21	V	20	subscriptions/etc		Alden Management Services		454	454	21
22	V	30	depreciation		Alden Management Services		12,564	12,564	22
23	V	31	amortization		Alden Management Services		1,691	1,691	23
24	V	33	real estate tax		Alden Management Services		4,529	4,529	24
25	V	34	rent		Alden Management Services		711	711	25
26	V	35	rent-equip/vehicles		Alden Management Services		20,102	20,102	26
27	V	32	interest		Alden Management Services		52,753	52,753	27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 978,300			$ 231,560	$ * (746,740)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		2	tube feeding	$ 38,625	Pyamid Health Care Services	100.00%	$ 20,217	$ (18,408)	15
16	V		10	nursing supplies	12,754	Pyamid Health Care Services		5,091	(7,663)	16
17	V		39	per diem/other supplies	24,168	Pyamid Health Care Services		14,259	(9,909)	17
18	V		21	general & admin		Pyamid Health Care Services		15,942	15,942	18
19	V									19
20	V									20
21	V									21
22	V									22
23	V									23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 75,547			$ 55,509	$ * (20,038)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	$ 53,778	Foum Extended Care II	100.00%	$ 41,228	$ (12,550)	15
16	V	10	House stock	1,873	Foum Extended Care II		1,436	(437)	16
17	V	39	IV	44,555	Foum Extended Care II		34,158	(10,397)	17
18	V	22	Employee benefits		Foum Extended Care II		556	556	18
19	V	21	G & A		Foum Extended Care II		3,496	3,496	19
20	V	32	Interest		Foum Extended Care II		582	582	20
21	V	33	Real estate taxes		Foum Extended Care II		180	180	21
22	V	30	Depreciation		Foum Extended Care II		739	739	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 100,206			$ 82,375	$ * (17,831)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Therapy	$ 204,107	Community Physical Therapy	100.00%	$ 164,783	$ (39,324)	15
16	V	32	Interest		Community Physical Therapy		34	34	16
17	V	31	Amortization		Community Physical Therapy		26	26	17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 204,107			$ 164,843	$ * (39,264)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		6	maintenance expense	$ 14,419	Alden Bennett Construction	100.00%	$ 14,376	$ (43)	15
16	V									16
17	V									17
18	V									18
19	V									19
20	V									20
21	V									21
22	V									22
23	V									23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 14,419			$ 14,376	$ * (43)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
						Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**			
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
1	Floyd Schlossberg	President/CEO		100.00	341,581	2.384	5.96	SALARY	$ 21,631	17-1	1
2	Lauren Magnussen	Clinical Coordinator	Nurse Consult	A	86,250	2.384	5.96	SALARY	5,462	17-1	2
3	Terry Magnussen	Maintenance Suprv.	Maintenance	A	80,706	2.384	5.96	SALARY	5,111	17-1	3
4											4
5											5
6											6
7	a. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	b. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										8
9	c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										9
10											10
11											11
12											12
13								TOTAL	$ 32,204		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2002 Ending: 2/31/2002

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Alden Management Services, Inc.
Street Address: 4200 W. Peterson Ave.
City / State / Zip Code: Chicago, IL 60646
Phone Number: (773) 286-3883
Fax Number: (773) 286-3743

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1		see page 8A (also on page 6A)				$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Proforma interest expense						$	$			$	1
2	on sale/leaseback		x	mortgage	$33,979.00	11/82	5,163,500	2,829,237	2012	0.0750	220,917	2
3												3
4												4
5												5
	Working Capital											
6	Related Party - AMS	X		working capital							60,116	6
7	Related party - FECII	X		working capital							582	7
8	Related party - CPT	X		working capital							34	8
9	TOTAL Facility Related				$33,979.00		$ 5,163,500	$ 2,829,237			$ 281,649	9
	B. Non-Facility Related*											
10	interest income offsetting interest expense										(278)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (278)	14
15	TOTALS (line 9+line14)						$ 5,163,500	$ 2,829,237			$ 281,371	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 15,208 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2001 report. *Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$	400,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	584,329	2
3. Under or (over) accrual (line 2 minus line 1).	$	184,329	3
4. Real Estate Tax accrual used for 2002 report. (Detail and explain your calculation of this accrual on the lines below.)	$	379,161	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$	76,499	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ 139,497 For 2000 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)**	$	(109,373)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	530,616	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1997	348,044	8
	1998	354,223	9
	1999	351,845	10
	2000	554,057	11
	2001	568,567	12

Accrual based on 4% increase over prior year bill.

Tax payment in 2002 = $584,328.98 2000 = $219,750.98 2001 = $364,578.00

Tax amounts paid do not equal amounts listed on tax parcels. Wentworth has appealed these assessments and per attorney letter the appeal has been granted. (See attached attorney letter.)

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2001	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2001 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2001 real estate tax costs, as well as copies of your real estate tax bills for calendar 2001.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2001 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2002 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2001 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Wentworth Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0026435

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE 773-286-3883 FAX #: 773-286-3743

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2001 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2001.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	20-21-414-001-0000	Nursing home facility	$ 34,258.12	$ 34,258.12
2.	20-21-414-003-0000	Nursing home facility	$ 28,657.93	$ 28,657.93
3.	20-21-414-004-0000	Nursing home facility	$ 383.45	$ 383.45
4.	20-21-414-016-0000	Nursing home facility	$ 45,482.80	$ 45,482.80
5.	20-21-414-017-0000	Nursing home facility	$ 169,133.47	$ 169,133.47
6.	20-21-414-018-0000	Nursing home facility	$ 101,579.01	$ 101,579.01
7.	20-21-414-019-0000	Nursing home facility	$ 439.06	$ 439.06
8.	20-21-414-020,21,31,32,34-0000	Nursing home facility	$ 188,633.46	$ 188,633.46
9.		Related Party - Alden Management	$ 76,052.00	$ 4,529.00
10.		Related Party - Forum	$ 8,608.00	$ 180.00
		TOTALS	$ 653,227.30	$ 573,276.30

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? ____ YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2001 tax bills which were listed in Section A to this statement. Be sure to use the 2001 tax bill which is normally paid during 2002.

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 89,814 B. General Construction Type: Exterior brick Frame steel Number of Stories 4

C. Does the Operating Entity? [ ] (a) Own the Facility [ ] (b) Rent from a Related Organization. [X] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [ ] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Building	71,388		$ 132,461	1
2					2
3	TOTALS	71,388		$ 132,461	3

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	300		1981	1981	$ 5,261,267	$	35	$ 150,322	$ 150,322	$ 3,254,016	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Paving/Utility Work and Landscaping			1981	309,353		10-40	7,393	7,393	193,164	9
10	Tile			1982	1,873		10			1,873	10
11	Metal Trimwork/Tile/Nurse Station/AC			1983	3,286		8-20			3,286	11
12	Grab Bar/ Electrical work/Carpentry			1984	42,456		3-27	1,390	1,390	38,684	12
13	boiler			1985	4,000		10			4,000	13
14	Resurfacing/Tuckpointong/Freezer Repairs/Motors			1986	52,147		3-5			52,147	14
15	Heating Repairs			1987	3,410		10			3,410	15
16	Glass/Pump repairs/electrical work			1988	13,872		5-10			13,872	16
17	condensor repair/HVAC-Misc Construction			1990	58,637		5-10			58,637	17
18	clean Boiler/TV Service/repaire tower belts/Glass			1991	61,199		5-10			61,199	18
19	Wire Partitioning/Transfer box/piping/drain/motor			1993	33,591	2,147	5-15	2,147		24,319	19
20	Plumbing/elevator/Pump Motor/Sink tops/Boiler			1994	28,780	1,561	15-20	1,561		13,380	20
21	Tile work/door frames/filter & pumpassembly/water			1995	27,562	2,706	10-12	2,706		3,357	21
22	Plumbing repairs			1996	4,560	456	10	456		3,078	22
23	Repair ramp lighting			1996	1,600	160	10	160		1,027	23
24	Install new flooring			1996	2,800	140	20	140		910	24
25	Install new flooring			1996	1,763	88	20	88		558	25
26	Install new flooring			1996	2,800	140	20	140		922	26
27	Install new flooring			1996	2,800	140	20	140		996	27
28											28
29	Repaired roof			1996	1,675	168	10	168		1,145	29
30	TV Antenna & Outlets			1997	2,298	115	5	115		2,298	30
31	Repaving			1997	3,305	441	5	441		3,305	31
32	Boiler parts			1997	4,938	658	5	658		4,938	32
33	Boiler repairs			1997	4,820	803	5	803		4,820	33
34	Install tubes for HVAC			1997	4,742	869	5	869		4,742	34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Ejector pumps	1992	$ 35,689	$ 975	5-15	$ 975	$	$ 32,894	37
38	Wigdahl (Repair Lighting And lamps)	1998	3,886	777	5	777		3,886	38
39	Long Elevator (Installed Door retrictors)	1998	5,100	255	20	255		1,233	39
40	Midwest (Replace Booster Heater)	1998	3,359	336	10	336		1,596	40
41	Mr. Root (Repair Ejector Pumps)	1998	5,100	510	10	510		2,168	41
42	Mr rooter (repair Basement replacement pump	1998	2,600	260	10	260		1,062	42
43	Climate Service (Replace Hot Water Pump)	1998	6,237	416	15	416		1,698	43
44	ABC Tank replacement	1999	12,409	827	15	827		2,482	44
45	alden Bennett	1999	11,000	1,100	10	1,100		4,217	45
46	North Town Food Service (Install booster heater)	1999	1,674	167	10	167		655	46
47	Fox Valley Fire & Safety	1999	2,690	179	15	179		613	47
48	alden Bennett(Carpentry LAbor0	1999	5,954	595	10	595		2,034	48
49	Alden Bennett (Specialty Prooducts)	1999	4,647	465	10	465		1,588	49
50	Capps Plumbing & Sewer	1999	3,390	339	10	339		1,130	50
51	Fox Valley Fire (Sprinkler System)	1999	2,981	199	15	199		646	51
52	Alden Bennett (Hardware)	1999	1,843	184	10	184		568	52
53	Alden Bennett (leasehold improvements)	2000	5,384	538	10	538		1,077	53
54	Alden Bennett (leasehold improvements)	2000	1,518	182	10	182		304	54
55	Climate Service (A/C Repair)	2000	9,393	1,879	5	1,879		5,479	55
56	Capps Plumbing & Sewer (Kitchen repair)	2000	2,842	568	5	568		1,705	56
57	Capps Plumbing Service (faucets)	2000	2,890	289	10	289		867	57
58	Kraft Paper Sales Co (Unside farbage to dumpster)	2000	1,258	126	10	126		367	58
59	Kraft Paper Sales Co (Walkoff Mats)	2000	1,884	377	5	377		1,099	59
60	New Horizons (telephone repair)	2000	3,756	376	10	376		1,064	60
61	Fox valley Fire & Safety (smoke detector wiring)	2000	5,482	365	15	365		1,035	61
62	Patten Industries (heating repair)	2000	3,012	602	5	602		1,707	62
63	Climate Services (PVI Water heater)	1999	11,150	743	15	743		2,602	63
64	Install Coolant hoses, Lines, Heater	2001	2,443	489	5	489			64
65	Capps Plumbing	2001	2,665	178	5	178			65
66	T&T	2001	1,756	88	5	88			66
67	Alden Bennett Construction Co.	2001	1,431	24	5	24			67
68	Power supply and wiring re phone system	2001	8,921	878	10	878			68
69	Coker services-Boiler	2001	3,163	132	20	132			69
70	TOTAL (lines 4 thru 69)		$ 6,117,041	$ 26,010		$ 185,115	$ 159,105	$ 3,829,855	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 6,117,041	$ 26,010		$ 185,115	$ 159,105	$ 3,829,855	1
2	Alden Bennet Construction 99 AJE (Sheet Metal Work)	1999	11,000	733	15	733		8,067	2
3	Alden Bennet Construction 99 AJE (Sheet Metal Work)	1999	11,000	733	15	733		8,067	3
4	Equipment International (doorlock electronic timer)	2000	1,655	166	10	166		483	4
5	DePaul Plumbing (installation of 1 1/2" water line)	2000	5,483	219	25	219		621	5
6	System Electric (sprinkler pump motor & wiring)	2000	2,990	199	15	199		548	6
7	System Electric (various kitchen & laundry repairs)	2000	4,605	921	5	921		2,533	7
8	D.B.S Contracting (automatic lawn sprinkler system)	2000	44,985	1,799	25	1,799		4,798	8
9	GT Mechanical (HCVAC Repairs)	2000	439	88	5	88		227	9
10	Patten Industries (batteries for generator)	2000	1,857	371	5	371		898	10
11	GT Mechanical (replace cooling coils)	2000	2,500	250	10	250		646	11
12	GT Mechanical (replace cooling coils)	2000	14,200	1,420	10	1,420		3,668	12
13	Capps Plumbing (rebuilt toilet, two handle lavatory)	2000	2,395	160	15	160		466	13
14	Capps Plumbing (repair scullery drain install faucets)	2000	3,446	345	10	345		1,005	14
15	Capps Plumbing - Repiping & new faucets on kitchen dish washer	2002	1,170	215	5	215		215	15
16	Capps Plumbing - Repiping & new faucets on kitchen dish washer	2002	2,645	485	5	485		485	16
17	Healthcare Products - Repair Wheelchairs	2002	988	132	5	132		132	17
18	Washtown Equip - Repair Washer - motor bearings / valves / belts	2002	2,208	258	5	258		258	18
19	GT Mech - Repair boiler - gas valves	2002	1,143	229	5	229		229	19
20	GT Mech - Repair boiler - installed rebuild kit	2002	1,841	307	5	307		307	20
21	GT Mech - Repair boiler - replaced Chimney cap	2002	1,295	216	5	216		216	21
22	CSI Coker - Repair dishwasher	2002	4,279	856	5	856		856	22
23	Healthcare Products - Repair Wheelchairs	2002	1,721	344	5	344		344	23
24	Long Elev. And Machine Co. - repair elevator	2002	1,148	77	5	77		77	24
25	DBS Contracting	2002	2,699	225	5	225		225	25
26	CSI Coker - Repair cooking equip	2002	1,527	153	5	153		153	26
27	Capps Plumbing - Repair hot water system	2002	1,940	16	10	16		16	27
28	Capps Plumbing - Repair hot water system	2002	2,135	18	10	18		18	28
29	System Elec. - Installed conduit & wiring for fire alarm	2002	1,435	36	10	36		36	29
30	Capps Plumbing - Repair dish washer	2002	1,284	43	5	43		43	30
31	System Elec. - Repair elevator	2002	1,363	80	10	80		80	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,254,418	$ 37,101		$ 196,206	$ 159,105	$ 3,865,567	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 6,254,418	$ 37,101		$ 196,206	$ 159,105	$ 3,865,567	1
2	ABC - Remodel Bathroom 1	2002	3,772	110	20	110		110	2
3	GT Mech - Scopper Boiler and Storage Tank	2002	14,500	564	15	564		564	3
4	ABC - Remodel Bathroom 2	2002	5,025	63	20	63		63	4
5	ABC - Leasehold Improvements	2002	11,627	97	20	97		97	5
6	Tyco - Smoke Detectors	2002	1,023	49	7	49		49	6
7	ABC - Smoke Dampers	2002	9,701	462	7	462		462	7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,300,066	$ 38,446		$ 197,551	$ 159,105	$ 3,866,912	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 6,300,066	$ 38,446		$ 197,551	$ 159,105	$ 3,866,912	1
2									2
3	Related Party-Forum:								3
4	Leasehold Improvement-Remodeling	1980	19,335		20			19,335	4
5	Leasehold Improvement-Remodeling	1980	1,208		10			1,208	5
6	Leasehold Improvement-Remodeling	1986	645		5			645	6
7	Leasehold Improvement-Remodeling	1990	404		5			404	7
8	Leasehold Improvement-Remodeling	1991	94		5			94	8
9	Leasehold Improvement-Remodeling	1993	8,304	830	10	830		8,304	9
10	Leasehold Improvement-Remodeling	1993	6,504	469	9.7	469		6,504	10
11	Leasehold Improvement-sign	1994	261	22	12	22		174	11
12	Leasehold Improvement-dryvit	1995	443	44	10	44		310	12
13	Leasehold Improvement-new ac	1999	723	48	15	48		145	13
14	Leasehold Improvement-roof	1985	972	52	19	52		922	14
15	Leasehold Improvement-roof	1994	863	58	15	58		518	15
16	Leasehold Improvement-roof	1997	819	55	15	55		328	16
17	Leasehold Improvement-roof	1998	1,390	93	15	93		464	17
18	Leasehold Improvement-parking lot asphalt	2000	111	11	10	11		33	18
19	Leasehold Improvement-hallway lighting	2001	155	16	10	16		32	19
20	Leasehold Improvement-DAI	2001	195	19	10	19		38	20
21	Leasehold Improvement-bathrooms	2002	687	69	10	69		69	21
22	Leasehold Improvement-Remodeling	2002	98	20	5	20		20	22
23	Related Party-AMS:								23
24	Leasehold Improvement-Remodeling	1993	4,266		7			4,266	24
25	Leasehold Improvement-Remodeling	1994	2,112		7			2,112	25
26	Leasehold Improvement-Remodeling	2002	5,221		7				26
27									27
28									28
29									29
30									30
31									31
32	Related Party-Forum Ext. Care	1999	1,764	133	40	133		183	32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,356,640	$ 40,385		$ 199,490	$ 159,105	$ 3,913,020	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 427,835	$ 38,843	$ 38,843	$	VARIOUS	$ 249,952	71
72	Current Year Purchases	40,236	4,336	4,336		VARIOUS	4,336	72
73	Fully Depreciated Assets	163,334	627	627		VARIOUS	163,334	73
74								74
75	TOTALS	$ 631,405	$ 43,806	$ 43,806	$		$ 417,622	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	CAR ENGINE /BUS/VAN	:DODGE	98-'02	$ 12,336	$ 3,792	$ 3,792	$	3	$ 9,992	76
77										77
78										78
79										79
80	TOTALS			$ 12,336	$ 3,792	$ 3,792	$		$ 9,992	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 7,132,842	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 87,983	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 247,088	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 159,105	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 4,340,634	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$ n/a	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Omega Healthcare Investors

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [x] YES [ ] NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$ eliminated due			3
4	Additions				to sale/leaseback			4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: [x] YES [ ] NO Terms: sale/leaseback *

10. Effective dates of current rental agreement:
Beginning 11/30/00
Ending 11/30/05

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2003	$ 1,176,050
13.	/2004	$ 1,176,050
14.	/2005	$ 1,176,050

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [ ] YES [ ] NO

16. Rental Amount for movable equipment: $ 13,007 Description: copy machine lease
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Various	various	$ 1,675.17	$ 20,102	17
18					18
19					19
20					20
21	TOTAL		$ 1,675.17	$ 20,102	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [ ] YES [X] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

Skilled nurses on site

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39-3	hrs	$		$ 121,560	$		$ 121,560	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			2,543			2,543	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			78,963			78,963	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	SEE PAGE 16A	# of prescrpts			32,484			32,484	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):	SEE PAGE 16A				36,597			36,597	13
14	TOTAL			$		$ 272,147	$		$ 272,147	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Alden Wentworth Rehab & HCC **#** 0026435 **Report Period Beginning:** 01/01/2002 **Ending:** 12/31/2002

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2002 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 250,000)	915,328		3
4	Supply Inventory (priced at)	291		4
5	Short-Term Investments			5
6	Prepaid Insurance	16,623		6
7	Other Prepaid Expenses	23,326		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 955,569	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	121,870		14
15	Leasehold Improvements, at Historical Cost	790,827		15
16	Equipment, at Historical Cost	538,840		16
17	Accumulated Depreciation (book methods)	(941,220)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): due from IDPA	86,494		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 596,813	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 1,552,381	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 482,877	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	265,941		28
29	Short-Term Notes Payable	62,000		29
30	Accrued Salaries Payable	277,797		30
31	Accrued Taxes Payable (excluding real estate taxes)	556,698		31
32	Accrued Real Estate Taxes(Sch.IX-B)	239,664		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	accrued insurance & other expenses	110,578		36
37	due to affiliates	591,086		37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 2,586,641	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	162,525		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 162,525	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 2,749,166	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (1,196,785)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 1,552,381	$	48

***(See instructions.)**

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (66,563)	1
2	Restatements (describe):		2
3	**external audit adjustments made afer 2001 cost report was**		3
4	**submitted. These have no effect on prior year report:**	8,877	4
5	**Bad debt, Medicare revenues (non - allowables)**		5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (57,686)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,139,098)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (1,139,098)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ (1,196,785)	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 6,218,681	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 6,218,681	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients	49,933	5
6	Therapy		6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 49,933	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	63	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 63	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	278	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 278	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Recovery of bad debt income	26,325	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 26,325	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 6,295,280	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,345,898	31
32	Health Care	1,959,117	32
33	General Administration	2,503,305	33
	B. Capital Expense		
34	Ownership	1,655,834	34
	C. Ancillary Expense		
35	Special Cost Centers	344,327	35
36	Provider Participation Fee	164,250	36
	D. Other Expenses (specify):		
37	Related party salary allocations	(538,353)	37
38	not included on this page, but included		38
39	on p 3&4.		39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 7,434,378	40
41	**Income before Income Taxes (line 30 minus line 40)****	(1,139,098)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (1,139,098)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return?** not yet done **If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

**** **Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,808	2,077	$ 79,578	$ 38.31	1
2	Assistant Director of Nursing	2,198	2,486	73,283	29.48	2
3	Registered Nurses	6,415	7,003	162,749	23.24	3
4	Licensed Practical Nurses	27,045	29,876	615,473	20.60	4
5	Nurse Aides & Orderlies	73,463	80,859	733,041	9.07	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	832	1,040	7,546	7.26	9
10	Activity Assistants	6,939	7,851	69,323	8.83	10
11	Social Service Workers	1,880	2,000	31,762	15.88	11
12	Dietician					12
13	Food Service Supervisor	1,952	2,000	35,221	17.61	13
14	Head Cook	4,438	5,036	48,886	9.71	14
15	Cook Helpers/Assistants	14,503	15,946	133,781	8.39	15
16	Dishwashers					16
17	Maintenance Workers	1,952	2,000	42,766	21.38	17
18	Housekeepers	18,656	20,467	199,309	9.74	18
19	Laundry	6,841	7,593	66,979	8.82	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative	4,922	5,326	92,097	17.29	22
23	Office Manager					23
24	Clerical	3,894	4,235	44,100	10.41	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,985	2,113	45,190	21.39	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Clinical SS	960	1,114	29,708	26.67	32
33	Other(specify) Alzheimers	143	143	1,355	9.48	33
34	TOTAL (lines 1 - 33)	180,826	199,165	$ 2,512,147 *	$ 12.61	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director	Monthly	22,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	7,200	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	28	1,512	11-3	44
45	Social Service Consultant	11	613	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	39	$ 31,325		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ n/a		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Boykin, C	administrator	0	$ 40,216
Osemwngie, I	administrator	0	49,337
various executives/assist admin	executive admin	0	91,124
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 180,677

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
AMS	Management Fees	$ 978,300
BDO Seidman	Accounting Fees	11,535
Ken Fisch / Greenberg	Legal Fees	24,884
Schmidt Salzman & Moran	Real Estate Tax Legal	76,499
Talx	Workers Comp Legal	220
Medi.Com	Billing Consultants	502
U S Gas & Energy Corp	Utility consultants	2,700
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 1,094,640

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 67,931
Unemployment Compensation Insurance	37,706
FICA Taxes	189,387
Employee Health Insurance	43,622
Employee Meals	32,103
Illinois Municipal Retirement Fund (IMRF)*	
Related party - FECII	556
Chicago Head Tax	5,633
Union Health & Welfare	66,199
Dental, Pension & Life	14,075
Relations, Misc, Background Cks. & Tuition	4,363
Drug Test, 401k Match, Vaccinations & Other	18,762
Related Party - AMS	70,442
TOTAL (agree to Schedule V, line 22, col.8)	$ 550,779

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed)	
Surety Bond Fees, Dues & Subscriptions	1,020
Il. Health Care Assoc	11,504
Related Party - AMS	454
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 12,978

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Misc / Gas / Repairs	628
Related Party - AMS	13,511
Seminar Expense	
Comprehensive Theraputics	1,000
O.C.C. / Life Serv. Network / Other	835
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 15,974

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007
1			$		$	$	$	$	$	$	$	$	$
2													
3	See Page 22A	2/89-12/94	130,230										
4	See Page 22B	2/95-12/95	30,435	3-20	1,474	1,182	1,124	1,124	1,124	1,124	1,124	1,124	
5	See Page 22C	1/96-12/96	43,836	3-20	6,214	1,356	1,356	1,356	1,356	1,356	1,356	1,356	
6	See Page 22D	2/97-12/97	32,043	3	10,681	6,211							
7	See Page 22E	1/98-12/98	32,985	3	10,995	10,995	5,676						
8	See Page 22F	3/99-8/99	30,523	3	5,533	10,174	10,174	4,641					
9	See Page 22G	3/00-6/00	44,766	3		9,081	14,922	14,922	5,841				
10	See Page 22H	7/01-12/01	8,300	3			816	2,767	2,767	1,950			
11	GT Mech(replace compres	7/02	1,657	3				276	552	552	277		
12	GT Mech(replace pump se	5/02	3,183	3				530	1,061	1,061	531		
13	GT Mech(replace fan mot	4/02	1,905	3				318	635	635	317		
14	ABC --(hardware corner g	11/02	1,672	3				46	557	557	512		
15													
16													
17													
18													
19													
20	TOTALS		$ 361,535		$ 34,897	$ 38,999	$ 34,068	$ 25,980	$ 13,893	$ 7,235	$ 4,117	$ 2,480	$

Facility Name & ID Number Alden Wentworth Rehab & HCC **#** 0026435 **Report Period Beginning:** 01/01/2002 **Ending:** 12/31/2002

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? yes

(2) Are there any dues to nursing home associations included on the cost report? yes
If YES, give association name and amount. IL Healthcare Assoc. $11,504

(3) Did the nursing home make political contributions or payments to a political action organization? yes If YES, have these costs been properly adjusted out of the cost report? yes

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? yes
What was the average life used for new equipment added during this period? 5-20 yrs

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ 1,659 Line 10

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? no
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES X NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ 164,250
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? no If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? yes

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? no For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ 32,103 Has any meal income been offset against related costs? no Indicate the amount. $

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? no
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained?
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? n/a
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Charged to employee as compensation
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? yes
Firm Name: BDO Seidman, LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? no If no, please explain. not yet completed

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? yes

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? yes
Attach invoices and a summary of services for all architect and appraisal fees.